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CONFIRMATION NO. 9166

<b>SERIAL NUMBER</b> 09/465,679	<b>FILING OR 371(c) DATE</b> 12/17/1999 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2612	<b>ATTORNEY DOCKET NO.</b> 0819-321
<b>APPLICANTS</b> KENYA UOMORI, Osaka, JAPAN; TAKEO AZUMA, Nara, JAPAN; KUNIO NOBORI, Osaka, JAPAN; ATSUSHI MORIMURA, Nara, JAPAN;				
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> JAPAN 10-365688 12/22/1998 ✓				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/24/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 22204				
<b>TITLE</b> RANGEFINDER FOR OBTAINING INFORMATION FROM A THREE-DIMENSIONAL OBJECT				
<b>FILING FEE RECEIVED</b> 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/465,679	<b>FILING DATE</b> 12/17/1999 <b>RULE</b> -	<b>CLASS</b> 359	<b>GROUP ART UNIT</b> 2872	<b>ATTORNEY DOCKET NO.</b> 0819-321	
<b>APPLICANTS</b> KENYA UOMORI, Osaka, JAPAN; TAKEO AZUMA, Nara, JAPAN; KUNIO NOBORI, Osaka, JAPAN; ATSUSHI MORIMURA, Nara, JAPAN;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 10-365688 12/22/1998 ✓					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/24/2000</b> -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature: [Signature] Initials: [Initials]		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> NIXON PEABODY, LLP SUITE 800 8180 GREENSBORO DRIVE MCLEAN, VA 22102					
<b>TITLE</b> RANGEFINDER AND IMAGER					
<b>FILING FEE RECEIVED</b> 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		